



Town of North Stonington  
Planning and Zoning Commission

## Application for Sign Permit

Application Number:

Receipt Date:

### Applicant Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Owner of Record:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Project Leader\*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Parcel Information:

Map: \_\_\_\_\_

Lot: \_\_\_\_\_

Location: \_\_\_\_\_

### Zoning District Of Property:

R40 - R60 - R80 - C - HC - I - OR

### Restrictive Overlay Area:

N/A - VP - AP - SU

The applicant and property owner above agree to comply with all relative Town of North Stonington Ordinances and Zoning Regulations..

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Property Owner of Record)

\*The Project Leader is the primary contact for the town.

Below Line For Internal Use Only

The above stated PROPOSAL is Hereby certified to: COMPLY ( ) NOT COMPLY ( )  
with the Town of North Stonington Zoning Regulations.

Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Senior Planning & Zoning Official)